

United States District Court
FIRST DISTRICT OF MASSACHUSETTS

GERTRUDE GOROD

SUMMONS IN A CIVIL ACTION

CASE NUMBER:

05-10842-WGY

v.
MASSACHUSETTS General Hospital
DR. WILLIAM BINDER
JAMES McCARTHY
ERIK NORENKA
SUSAN WARCHAL
DIPLOMAT
CARUSO MUSIC
LAWRENCE CARUSO,

TO: (Name and Address of Defendant)
DR. WILLIAM BINDER
C/O MASSACHUSETTS General HOSPITAL
EMERGENCY MEDICINE
55 Fruit Street
BOSTON, MA 02114

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

PLAINTIFF'S ATTORNEY (name and address)

GERTRUDE GOROD
P.O. BOX 856
EVERETT, MA 02149

an answer to the complaint which is herewith served upon you, within TWENTY days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

DATE

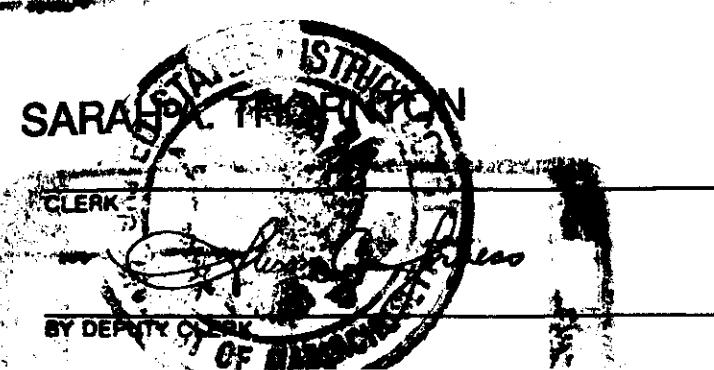
4-26-05

SARAH S. THORNTON

CLERK

BY DEPUTY CLERK

OF MASSACHUSETTS



AO 440 (Rev. 1/80) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and Complaint was made by me:

DATE

NAME OF SERVER (PRINT)

UNITED STATES POSTAL SERVICE

TITLE

Check one box below to indicate appropriate method of service

 Served personally upon the defendant. Place where served: _____ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: _____

 Returned unexecuted: _____ Other (specify): CERTIFIED MAIL SEE: BELOW

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____

Date

Signature of Server

Address of Server

ENTER INVERSE 75% EDITION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the envelope, or on the front if space permits.

Article Addressed to:

Dr. William Binder
c/o Mass General Hospital
55 Fruit Street
Boston, Ma 02114

| | | |
|--|--|--|
| A. Signature | | <input type="checkbox"/> Agent <input type="checkbox"/> Address |
| X <i>El Garrett</i> | | Certified Fee |
| | | 2.50 |
| B. Received by (Printed Name) | | Return Receipt Fee (Endorsement Required) |
| | | 1.75 |
| C. Date of Delivery | | Restricted Delivery Fee (Endorsement Required) |
| APR 27 2005 | | |
| D. Is delivery to this address different from the address on the front of this envelope? If YES, enter delivery address below: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | |
| 3. Service Type | | |
| <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail | | Postage |
| <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise | | 0.60 |
| <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | | 2.50 |
| 4. Restricted Delivery? (Extra Fee) | | 1.75 |
| | | 4.65 |
| Total Postage & Fees | | \$ 6.80 |

2004 2510 0004 0155 5940

RECEIVED

U.S. POSTAL SERVICE

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OFFICIAL USE

